



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

February 6, 2009

GENERAL LETTER NO. 14-B-29

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (pages 1 and 2), revised; and pages 1, 3, 4, 5, 7 through 12, 13 through 16, 20, 23, 29, and 37 through 48, revised.

Summary

This chapter is revised to:

- ◆ Remove references to the forms *Public Assistance Eligibility Report (PAER)*, 470-0454, *Food Assistance Interim Report*, 470-4026, and the *Combined PAER/FAIR*, 470-4387, based on policy changes. Effective February 1, 2009, the *PAER*, *Combined PAER/FAIR*, and *FAIR* are no longer used. The Automated Benefit Calculation (ABC) system will no longer system-generate these forms for reporting purposes.
- ◆ Remove references to quarterly reporting and simplified reporting based on the policy changes effective February 1, 2009.
- ◆ Change example of the ABC System Date chart to reflect 2009 dates.

Effective Date

February 1, 2009

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 29, 2008
Contents (page 2)	November 16, 2007
1	August 10, 2007
3	February 23, 2007
4, 5	October 12, 2007
7-12 (keep 12a)	February 29, 2008
13, 14	February 23, 2007
15, 16, 20	August 10, 2007

23	October 12, 2002
29, 37	February 23, 2007
38	November 16, 2007
39, 40	February 23, 2007
41, 42	August 10, 2007
42a, 43	November 16, 2007
44	November 18, 2003
45	December 16, 2003
46	November 10, 2006
47, 48	December 16, 2003

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

	<u>Page</u>
OVERVIEW	1
Definitions	2
ABC SYSTEM'S CYCLICAL MONTH	6
Review and Report Form Mailing	9
Report Form Due Date.....	9
MRTL Cutoff.....	10
Notice of Cancellation Mailing.....	10
Recoupment	10
Timely Notice Day.....	11
MN/SSI-Related Medicaid Review Mailing.....	11
ABC Cutoff.....	12
Pending Release Day	12a
Output of System-Generated Actions	13
SYSTEM PREPARATION AND PROCESSING OF DATA.....	15
Case Numbers and State ID Numbers	15
Entry on Multiple Screens	16
Entry Reasons	16
Status Codes.....	17
Individual Records	17
Applications.....	18
Rolling to TD03	18
ELIGIBILITY DETERMINATION AND BENEFIT CALCULATION	18
Individuals Considered	21
Months Affected by Entries.....	21
Case Approvals	21
Ongoing Cases	22
Resource (RSC) Records	22
Income Records	23
Grants as Income.....	23
Maximum for Deductions	24
Calculation Results	25
BCW Processing	25

	<u>Page</u>
AUTOMATED NOTICES	29
Generation of Notices	30
Notice Content	31
Adequate vs. Timely Notice	33
QUALITY ASSURANCE	34
Entries Restricted to Quality Assurance	35
Returned Warrants	36
Missing Warrants	36
“Pulled” Warrants	37
SYSTEM FORMS	37
Family Composition, 470-0275	37
Lost Form Request, 470-0272	37
Medicaid Review, Form 470-3118 or 470-3118(S)	38
Notice of Automatic Computer Action or Posting, 470-0273	38
Notice of Cancellation, 470-0500 or 470-0500(S)	38
Notice of Decision, 470-0485 or 470-0485(S)	39
Quality Assurance Transmittal, 470-0271	39
Review/Recertification Eligibility Document, 470-2881 or 470-2881(S).....	39
Transitional Medicaid Notice of Decision/Quarterly Income Report, 470-2663 or 470-2663(S)	39
SYSTEM-GENERATED REPORTS	40
Caseload Management Reports	40
S470C398-A, CCA Warrant Report	40
S470C607-A, Review/Recertification Due.....	41
S470C607-A, Report 617 MEPD Premium Reviews	42
S470C608, Monthly Eligibility Case List.....	43
470C609, Monthly Eligibility Management Report	44
Columns and Rows	46
S470D649, Applications Pending.....	49
S470C421, Worker Action Report.....	49
S470C460-A, Nonfatal Error Summary for Supervisors.....	50
S470C460-B, Fatal Error Summary for Supervisors	50
S470C467-A, Transactions Over Two Weeks Old.....	51
S470D435-A, Case Workers by County Within Service Area	51

OVERVIEW

The Automated Benefit Calculation (ABC) system is a computer system designed to:

- ◆ Gather and store information about the Department's income maintenance programs clients.
- ◆ Calculate benefit levels.
- ◆ Enable issuance of benefits.
- ◆ Generate IowaCare cards.
- ◆ Issue client notices and forms.
- ◆ Generate various management reports to assist in program administration.
- ◆ Pass information to other systems.

The ABC system stores information about individuals and cases as separate records. The system uses a unique number to identify an individual. This number is called the state identification number (SID). The system uses another unique number to identify the case. The SID number and case number connect the record of the individual to the record of the case.

DHS income maintenance staff enter source information into the system. Staff are then able to update most information using "real time processing" of data input into the system. This means that data that is input and confirmed into the system is processed at the time the data is confirmed and a *Notice of Decision* or a calculation result preview is available immediately after confirmation of input data.

However, certain data does require the use of "batch processing." This means data input will be processed at night. Updated information appears the next day on screen as well as on notices and other documents. When information is not updated, Worker Action Report screens (WARs) display this and other information. If fatal WARs are not corrected and transactions confirmed, the transactions will be purged after three days.

Once information is in the system, it is usually not necessary to resubmit the same information. The screens display data as updated by the system. Documents are printed and delivered to the county offices by a courier service.

All entries are electronically recorded on microfiche. The Division of Data Management's Quality Assurance Unit maintains microfiche records.

“Benefit month” is the month for which you intend to determine or change benefits (e.g., Food Assistance, grants, Medicaid, or facility assistance). Enter the benefit month on the BCW screen with the data to be used for that month. **Note:** Timely notice requirements may cause the actual benefit month to be the month after the month you entered.

“Case” for ABC is a set of program and individual data.

“Case number” is an identifier comprised of a six-character serial number, a two-character FBU number, a one-character code, and a one-character check digit. If no case number is entered, the system assigns the next sequential serial number.

“Check digit” is the last character of a case or state identification number. Check digits are system-generated based on a mathematical calculation of the other numbers. The check digit helps prevent entry of invalid numbers.

“Considered” means counted for purposes of determining income or need of the eligible household.

“Current system month” is the month that is most often aligned with the current calendar month. The current system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month. Example:

The current system month of January begins the day after December’s ABC cutoff and ends the day of ABC cutoff in January.

“Edits” are the system comparison of entered data to master file data and to established system criteria. The comparison may discover elements that need to be adjusted before entries update the system.

“Eligibility data” are the income and deduction financial data entered for the eligibility determination.

“FBU” means “family budget unit.” This is a two-digit portion of the case number that follows the serial number. It is used to distinguish certain kinds of cases.

“IABC” means the screens used to enter or display data on Iowa’s Automated Benefit Calculation system.

“Income data” are the countable earned and unearned income amounts, deduction and diversion codes and amounts, and indicators for the use of income and deductions, entered on BCW1 or BCW2. BCW data are stored with the state identification number of a person.

“Input” is entry of data to be processed.

“Mainframe” is the centralized computer application system that stores software and data for ABC and other application systems.

“Matching” is the automated exchange of data of case and individual files with other files or other agencies.

“Master file” is the file of updated information used in a computer system. It provides information to be used by the programming and can be updated and maintained to reflect the results of the processing operation.

“MRTL” means monthly reporting tracking log, the option of ABC that allows the user to record the receipt of client report form *Review/Recertification Eligibility Document* (RRED).

“Next system month” is the month after the current system month. The next system month begins after ABC cutoff and ends with ABC cutoff in the next month. Example:

In the current system month of January, the “next system month” is February.
--

“NOC” means the *Notice of Cancellation*, forms 470-0500 or 470-0500(S), or their manual versions, used for FIP and FMAP-related Medicaid cases.

“NOD” means the *Notice of Decision*, forms 470-0485 or 470-4085(S), or their manual versions.

“On line” is direct communication with the central processing unit of the computer.

“Output” is the result of data processing.

“Prior month” is a month before the current system month. Prior months’ data is entered on certain applications and some retroactive Medicaid requests. See program policy chapters for specific coding by programs.

“Public assistance” refers to Family Investment Program (FIP) and Refugee Cash Assistance (RCA).

“Real time processing” is the process that provides immediate feedback to the IM worker as a result of case actions and, when appropriate, a *Notice of Decision* and calculation is immediately available to preview to verify expected results from those actions.

“Report form” is the form required by a particular program for periodic reporting. Report forms include the *Review/Recertification Eligibility Document* (RRED) and the *Transitional Medicaid Notice of Decision/ Quarterly Report*.

“RRED” is the *Review/Recertification Eligibility Document*, form 470-2881 or its manual or Spanish-language versions.

“Rolling” refers to entries in program sections of the “turnaround document” (TD) screens that generate duplicate or related entries in the program section on TD03. “Rolling” is also used to describe the way in which income and deduction records are maintained from one system month to the next.

“Serial number” means the first group of six characters in a case number.

“State ID” or **“SID”** is the unique state identification number DHS assigns to each person.

“System month” means the period used for processing. A system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month.

“Tickler” is a system-generated or worker-recorded reminder. ABC ticklers are displayed on ABC’s Worker Action Report (WAR) screens.

2009 ABC SYSTEM DATES**IFPN REVIEW MAIL (1)**

November 25, 2008
 December 29, 2008
 January 29, 2009
 February 26, 2009
 March 27, 2009
 April 28, 2009
 May 28, 2009
 June 26, 2009
 July 29, 2009
 August 27, 2009
 September 28, 2009
 October 29, 2009
 November 24, 2009
 December 29, 2009
 January 28, 2010

RRED/TM-QR MAIL (2)

November 26, 2008
 December 30, 2008
 January 30, 2009
 February 27, 2009
 March 30, 2009
 April 29, 2009
 May 29, 2009
 June 29, 2009
 July 30, 2009
 August 28, 2009
 September 29, 2009
 October 30, 2009
 November 25, 2009
 December 30, 2009
 January 29, 2010

RRED DUE DATE (3)

December 5, 2008
 January 5, 2009
 February 5, 2009
 March 5, 2009
 April 6, 2009
 May 5, 2009
 June 5, 2009
 July 6, 2009
 August 5, 2009
 September 8, 2009
 October 5, 2009
 November 5, 2009
 December 7, 2009
 January 5, 2010

MRTL CUT-OFF (4)

December 11, 2008
 January 9, 2009
 February 11, 2009
 March 11, 2009
 April 10, 2009
 May 11, 2009
 June 11, 2009
 July 10, 2009
 August 11, 2009
 September 14, 2009
 October 9, 2009
 November 12, 2009
 December 11, 2009
 January 11, 2010

NOC/TM REMINDER MAIL (5)

December 12, 2008
 January 12, 2009
 February 12, 2009
 March 12, 2009
 April 13, 2009
 May 12, 2009
 June 12, 2009
 July 13, 2009
 August 12, 2009
 September 15, 2009
 October 13, 2009
 November 13, 2009
 December 14, 2009
 January 12, 2010

RECOUPMENT (6)

December 18, 2008
 January 16, 2009
 February 16, 2009
 March 19, 2009
 April 16, 2009
 May 19, 2009
 June 18, 2009
 July 17, 2009
 August 19, 2009
 September 17, 2009
 October 19, 2009
 November 18, 2009
 December 17, 2009
 January 19, 2010

TIMELY NOTICE (7)

December 19, 2008 *
 January 20, 2009
 February 17, 2009
 March 20, 2009 *
 April 17, 2009
 May 20, 2009
 June 19, 2009 *
 July 20, 2009
 August 20, 2009
 September 18, 2009 *
 October 20, 2009
 November 19, 2009
 December 18, 2009
 January 20, 2010

MN/SSI-RELATED MEDICAID REVIEW MAIL (8)

December 20, 2008 *
 January 21, 2009
 February 18, 2009
 March 21, 2009 *
 April 20, 2009
 May 21, 2009
 June 20, 2009 *
 July 21, 2009
 August 21, 2009
 September 19, 2009 *
 October 21, 2009
 November 20, 2009
 December 21, 2009
 January 21, 2010

ABC CUT-OFF (9)

December 23, 2008
 January 23, 2009
 February 20, 2009
 March 24, 2009
 April 23, 2009
 May 21, 2009
 June 23, 2009
 July 24, 2009
 August 24, 2009
 September 23, 2009
 October 23, 2009
 November 19, 2009
 December 23, 2009
 January 22, 2010

PENDING RELEASE AND CHECK WRITE (10)

December 24, 2008
 January 26, 2009
 February 23, 2009
 March 25, 2009
 April 24, 2009
 May 22, 2009
 June 24, 2009
 July 27, 2009
 August 25, 2009
 September 24, 2009
 October 26, 2009
 November 20, 2009
 December 24, 2009
 January 25, 2010

CHECK MAIL (11)

December 31, 2008
 January 31, 2009 **
 February 28, 2009 **
 April 1, 2009
 May 1, 2009
 June 1, 2009 **
 July 1, 2009
 July 31, 2009
 September 1, 2009
 October 1, 2009
 October 31, 2009 **
 December 1, 2009
 December 31, 2009
 February 1, 2010

* Denotes there will be a Saturday mailing. Documents created in Friday night's processing.

** Denotes Saturday mailing. Documents created before Friday night, but must be held and mailed on Saturday so clients receive documents/checks at the right time.

ABC SYSTEM USERS**SUBJECT: ABC SYSTEM DATES**

1. The date IFPN reviews are mailed.
2. The date in-cycle RRED and TM Quarterly Reports are mailed.
3. The due date for in-cycle RRED.
4. The last date to make tracking entries to prevent automatic cancellation. System cancellations are processed after the daily ABC entries.
5. The mail date of the NOCs and TM reminder letters generated by MRTL.
6. Recoupment transactions are processed.
7. The last day to enter transactions requiring timely notice without having them pend until after ABC cutoff, to be effective for the second future calendar month. This includes medical cancellations and transactions entered with these actions.
8. The date zero spenddown MN/SSI-related Medicaid reviews are mailed.
9. The cutoff date for regular transactions to affect the next month. Automatic cancellations due to expiration of FA, MN, or IowaCare certification periods, or TM eligibility, are processed to be effective for the next calendar month. Income and resource records are "rolled forward." Automatic changes (ending sanction and disqualification periods, cancellations for FIP age 19) are processed right after cutoff to be effective for the second future calendar month.
10. The date transactions that were pended for timely notice are released to be effective for the second future calendar month (the new "next" system month). This date is the first of the new system month in which data are both entered and processed. Date checks are written.
11. The date regular monthly FIP and State Supplementary Assistance checks other than RCF are mailed.

RC-0052 (Rev. 12/08)

For the current year's version of the chart *ABC SYSTEM DATES*, RC-0052, see the DHS Intranet eForms web page.

Review and Report Form Mailing

For cases active after ABC cutoff, the following forms are printed based on system master file data as of ABC cutoff:

- ◆ *Family Planning Medicaid Review*, which is used for the annual recertification of the Iowa Family Planning Network.
- ◆ *Review/Recertification Eligibility Document (RRED)*, which is the review form for public assistance and FMAP and the Food Assistance recertification form.
- ◆ *Transitional Medicaid Notice of Decision/Quarterly Reports*, the quarterly report form.

The forms are mailed on the second day before the end of the calendar month. **Exception:** The *Family Planning Medical Review*, form 470-4071, is mailed the first day before the end of the calendar month. If this date is a holiday or a Sunday, the mailing date is the first workday before this date. For samples and instruction, see [6-Appendix](#):

- ◆ Family Planning Medicaid Review, Form 470-4071
- ◆ [Review/Recertification Eligibility Document, Forms 470-2881, 470-2881\(S\), 470-2881\(M\), and 470-4083\(MS\)](#)
- ◆ [Transitional Medicaid Notice of Decision/Quarterly Report, Forms 470-2663, 470-2663\(S\), and 470-2663\(MS\)](#)

Report Form Due Date

RREDs sent in the regular cycle are to be returned by the fifth calendar date of the month following the month of mailing. If this date falls on a weekend or a state or federal holiday, the due date is the next workday.

MRTL Cutoff

Cancellations are system-generated for households that, according to monthly reporting information in the ABC system, were required to return a complete RRED by the regular cycle's report form due date and failed to do so.

Notices of Cancellation are system-generated for FIP or Medicaid households that failed to return a form and are worker-generated for households that return incomplete forms. TM reminder letters are system-generated for households that failed to return quarterly reports.

MRTL cutoff is usually the fourth work day after the report form due date. It is scheduled to allow time for data entry and avoid unnecessary cancellations. This is the last day tracking entries can be made to prevent automatic cancellation and program generation of a *Notice of Cancellation*. Forms generated from the MRTL system run are identified with "MRTL" printed on the form. The cutoff for TM reporting is ABC cutoff.

Notice of Cancellation Mailing

Notices of Cancellation and Transitional Medicaid *Quarterly Report Reminder* letters are mailed the first workday after MRTL cutoff day. See 6-Appendix, [Notice of Cancellation, Forms 470-0500, 470-0500\(S\), 470-1968, and 470-1968\(S\)](#) and [Transitional Medicaid Quarterly Report Reminder, Form 470-2716 and 470-2716\(S\)](#), for samples.

Recoupment

"Recoupment day" is usually the last workday before timely notice day. The automatic processes on recoupment are ABC actions to:

- ◆ Begin or change reductions in benefits for recoupment of overpayments or overissuances.
- ◆ Generate Food Assistance calculations that have not yet been done for child support income records.

Notices of Decision are generated and mailed after recoupment for cases with benefits affected by these processes. Forms generated from the recoupment run are identified with "RECP" printed on the forms.

Timely Notice Day

“Timely notice day” is the last workday that entries can be made in order for timely notice to be given before the first day of the next calendar month. Timely notice day is the workday immediately before the last mailing date for notices in the month that allows for the timely notice period. It allows ten calendar days to pass between that mailing date and the first day of the next calendar month.

Coding on each worker-entered transaction indicates whether timely notice is required if the data entered result in an adverse action. If timely notice is indicated, the system determines if timely notice can be given for the next calendar month.

If timely notice day has passed and policy requires timely notice, the entire transaction is pended to become effective for the second following month. Messages on the WAR1 and WAR2 screens alert you that the transaction was pended. The transactions that are pended are processed on pending release day.

You may change a pended transaction by deleting ALL transactions on the case and creating all appropriate transactions. This may require two steps if you need to enter the negative Medicaid transaction.

MN/SSI-Related Medicaid Review Mailing

The *Medicaid Review*, form 470-3118 or 470-3118(S), is generated for Medically Needy cases with zero spenddown and SSI-related Medicaid cases that have reviews due the following month and is mailed the day following “timely notice day.”

ABC Cutoff

“ABC cutoff day” is the sixth working day before the end of the calendar month. After ABC cutoff and before the end of the calendar month, system entries to change benefits on ongoing cases affect the second future calendar month.

ABC cutoff allows time for preparation and mailing of benefits, RREDs, TM Quarterly Reports, and identification cards. Various reports and printouts are processed and distributed after ABC cutoff.

At ABC cutoff, the system performs these actions that affect cases:

- ◆ Food Assistance cancellation when the certification period expires with the current calendar month.
- ◆ IowaCare cancellation when the certification period expires with the current calendar month.
- ◆ Medicaid cancellation when system-tracked extended medical eligibility period or Medically Needy certification period ends with the current calendar month.
- ◆ “Rolling” of income and resource data to the working area of the system for the new “next system month.”
- ◆ Transfer of summary income data from the previous system month to the history area of the system. (This history area is not accessible to system users.)
- ◆ Change of the person’s status code when a Food Assistance disqualification period will expire with the coming month. This causes recalculation of benefits for the new “next system month.”
- ◆ FIP cancellation for the new “next system month” of children who will be 19 years old on or after the second day of the coming month and before the second day of the new “next system month.”
- ◆ Medicaid cancellation when the program has been in an automatic redetermination aid type for two months.

Output of System-Generated Actions

The ABC system creates output based on the worker-generated or system-generated transactions for the specified program run. The chart below identifies the name of the processing run job, the output produced from that run, and gives information on what is displayed on the output. An asterisk (*) indicates output not accessible to users.

OUTPUT OF SYSTEM-GENERATED ACTIONS	
JOB RUN	OUTPUT FROM JOB RUN
Daily Run	<p>WARs</p> <p>Notices of Decision generated from the daily run are printed with "DALY" on the lower left portion of the form. The three-digit notice reason codes are printed by the word "DALY."</p> <p>CALC results sheets from the daily run are printed with "DALY" on the upper RIGHT portion of the sheet.</p> <p>NOC</p> <p>IND *</p> <p>CASE *</p> <p>Earnings Letters</p> <p>RREDs: "DALY" is printed on these.</p> <p><i>Transitional Medicaid Quarterly Reports</i></p> <p>SSI Reminder Letters</p> <p>TXNS</p> <p>TD *</p>
MRTL Run	<p>Notices of Cancellation generated from the MRTL run are printed with "MRTL" on the lower LEFT portion of the form.</p> <p>WARs (when one program is canceled but other programs are not)</p> <p>Notices of Decision generated from the MRTL run are printed with "MRTL" on the lower LEFT portion of the NOD. The three digit notice reason codes are printed by the word "MRTL."</p> <p>CALC results sheets from the MRTL run are printed with "MRTL" on the upper RIGHT portion of the CALC.</p>

ABC SYSTEM'S CYCLICAL MONTH**Output of System-Generated Actions**

Revised February 6, 2009

Iowa Department of Human Services

Title 14 Management Information**Chapter B** Automated Benefit Calculation System

JOB RUN	OUTPUT FROM JOB RUN
Recoupment Run	CALC result sheets CASE & IND * IND * WARs Notices of Decision generated from the recoupment run are printed with "RECP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "RECP." TXNS TD *
Month-End Run (with ABC cutoff)	WARs Certification expirations Medically Needy Food Assistance IowaCare Notices of Decision generated from the month end run are printed with "MEND" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MEND."
SANC Run (after month end but before the next daily processing)	WARs Automatic cancellation Annual issuance history report Removal of person records due to death Resetting of good cause for the next month Activation people whose disqualification is over Cancellation of FIP "over-age" child Cancellation of extended Medicaid Notices of Decision generated right after the month end run but before the next daily processing are printed with the lower LEFT portion of the NOD. The three digit notice reason codes are printed by the word "SANC." CALC results sheets CASE & IND * IND * TD * TXNS

JOB RUN	OUTPUT FROM JOB RUN
LBP Run	Notices of Decision generated from the limited benefit plan run are printed with "LBP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "LBP."
Recalculations for Mass Program Changes	Notices of Decision generated from the system-generated run are printed with "MASS" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MASS." CALC results sheets
Buy-In Run	TDs Notices of Decision generated from the system-generated run are printed with "BUYIN" on the lower LEFT portion of the form (for facility cases or if Food Assistance benefits change).

SYSTEM PREPARATION AND PROCESSING OF DATA

The following sections explain how the system treats:

- ◆ [Case numbers and state identification numbers](#)
- ◆ [Entry on multiple screens](#)
- ◆ [Entry reasons](#)
- ◆ [Status codes](#)
- ◆ [Individual records](#)
- ◆ [Applications](#)
- ◆ [Rolling data to TD03](#)

Case Numbers and State ID Numbers

Case numbers are kept on the master file permanently. (Before February 23, 2006, the ABC system deleted cases that were canceled or denied for all programs after two years.) Dropped case information can be viewed on the DCAS screen. See 14-B(4), [DROPPED CASES ON-LINE DISPLAY](#).

The individual records are retained in the state identification (ID) portion of the file. The original state ID number is retained. Do not reuse a case number that comes up without data on TD01.

Reuse the case number only if:

- ◆ The case name is that of the applicant, and
- ◆ That person is shown on TD07.

The ABC system currently has the following limits:

- ◆ A person (identified by the state ID number) can be associated with only **six cases** and;
- ◆ A specific case can only have **16** people associated with it.

You will get a fatal WAR if adding a person to a case exceeds either limit.

Entry on Multiple Screens

If a change requires the entry of data on more than one screen, you must enter all related data, so that the data are processed as one action. This same rule applies to each month included in the approval of an application.

When income and deduction data from BCW2 are not entered with the program and individual data for an application, the ABC system assumes that there are no income or deductions to be considered for the benefit month. Enter data on resource screens (RSCF, RSCA, RSCM, or RSCS), and child support screens (ICSC, REFER1 and REFER2) as appropriate.

Entry Reasons

Entries to the ABC system on the TD01, TD02, TD03, TD04, TD05, BCW1, and BCW2 screens require entry reason codes. These codes describe the reason for preparing the entries and determine whether timely notice considerations apply. See [14-B-Appendix](#) for valid codes for each entry reason field.

If entry reason “G” is used and a transaction is pended, **all** data entered on the system at the same time (except data entered in Section II on the TD01 screen) are pended, even if other entry reasons indicate that the data entered must take effect immediately. See [Pending Release Day](#) for instructions.

The “one time” entry reason (“P”) is the exception; it will not pend. The “send notice only” reason (“R”) is not compatible with any other entry reasons. It must be entered separately.

- ◆ Determine eligibility and spenddown amounts of Medically Needy cases.
- ◆ Determine Food Assistance emergency service eligibility.
- ◆ Determine income eligibility for MEPD using form 470-3686, *MEPD Income Worksheet*.
- ◆ Determine income eligibility for Medicaid for Kids with Special Needs using form 470-4632, *Medicaid for Kids with Special Needs*.
- ◆ Determine the disqualification period for divesting of resources.
- ◆ Determine the remaining transitional Medicaid months if the 12-month cycle has been interrupted by an incorrect cancellation.
- ◆ Do the Food Assistance 165% test to determine household composition when an elderly and disabled person buys and fixes food with others. See 7-C, [Elderly Members Who Are Disabled](#).
- ◆ Re-examine the work transition period for Medicaid eligibility.

Except as noted above, the ABC system determines financial eligibility, benefit level, and client participation using countable income, countable resources, household members' status codes, and fund codes.

The individual's program status code and the unborn code on TD03 determine household size for some Medicaid coverage groups. When the system completes the financial eligibility determination, it changes the worker-entered active status code to a denied or canceled status if countable income or resources exceed program limits.

Coding may also indicate that the worker's approval decision is to be accepted without calculation. Worker entry to deny eligibility usually reflects worker decisions on nonfinancial eligibility factors.

The following sections explain:

- ◆ [What individuals are considered for ABC calculations](#)
- ◆ [What months are affected by system calculations](#)
- ◆ [System calculations related to resources](#)
- ◆ [System calculations related to income](#)
- ◆ [System outputs for calculation results](#)

RSCF, RSCA, RSCM, and RSCS data can be entered either when the program is pended or when it is approved. Data can be changed in the same way as income and deductions on ongoing cases. Resources are rolled forward in the same way as BCW1 and BCW2 records. RSC records are case-specific, not individual-specific.

The system allows entry of resource months on an application from the program positive date month through the next system month, with a maximum of four months. Ongoing programs are allowed entry of the current and next system month's resource records. Error messages are produced for:

- ◆ Too few months
- ◆ Too many months
- ◆ Months outside those allowed

The system compares the total resource amounts to the program resource limits, before income testing. Resource tests are not done for the Food Assistance program for months past the Food Assistance end certification month or the Food Assistance limit date, whichever is earlier.

Income Records

Enter income on the BCW2 screens for each individual by benefit month. The system holds the amounts on the individual master file for BCW1 and BCW2.

Grants as Income

The ABC system uses the system-calculated FIP or Refugee Cash Assistance grant, except for special allowances, as income in Food Assistance calculations. Changes in grant amount, including grant cancellations, cause calculation of Food Assistance benefits in the same day's processing.

When the FIP program has data coded in the TD02 FIP LIMIT DT field, the FIP grant will not be used for Food Assistance benefit calculation beyond the month coded in the TD02 FIP LIMIT DT field.

AUTOMATED NOTICES

The ABC system provides automated generation of client notices with messages to advise applicants or recipients of their current status or of pending changes to assistance. These include:

- ◆ Forms 470-0485 and 470-0485(S), *Notice of Decision*, issued to approve, deny, change, cancel, or reinstate assistance.
- ◆ Forms 470-0500 and 470-0500(S), *Notice of Cancellation*, issued to cancel FIP and FMAP-related Medicaid when system entries indicate that a report was not received timely.

These notices provide applicants and recipients with “adequate notice” or “timely notice” of case actions. (See [Adequate vs. Timely Notice](#).) The ABC system cannot generate a *Notice of Decision* in some situations. Instructions in case action chapters specify when a manually prepared notice is necessary.

In most situations, the ABC system generates a *Notice of Decision* based on the worker’s entry of one or more three-digit codes in the reason code fields on the TD screens or the CASE RSN field on BCW screens. The system can also generate a *Notice of Decision* without entry of a notice code. (See [Generation of Notices](#).)

The ABC system also prints notices for the Emergency Assistance system, EBT system, the Family Planning Waiver (FPW) system, and the managed health care system, including health maintenance organizations (HMOs) and MediPASS. Emergency Assistance notices and EBT notices are listed in [14-B-Appendix](#). Managed health care notices are discussed in 14-C. Family planning waiver notices are discussed in [14-C\(1\)](#).

Notices are produced during the nightly batch run and dated with the anticipated mailing date. They are mailed from central office. At the same time the notice is generated and mailed, the worker’s copy is forwarded to the local office.

The envelopes in which notices are mailed carry this message: “*Keep this envelope for proof of mailing date. You may need it later if you file an appeal.*” Notices are mailed on the date printed on the notice, if possible. When circumstances prevent mailing on that date, the envelope message serves to protect clients’ appeal rights.

Note: Entries for warrants (new approvals and reinstatements) after cutoff for the next month are not issued immediately, but are held to be released for printing the first working day of the next month and mailed the second working day of the month. For a daily issuance, give Quality Assurance the date of the corresponding *Notice of Decision*.

Only the Department of Revenue can issue duplicate or replacement warrants. See 23-E, [ISSUANCE OF DUPLICATE OR REPLACEMENT WARRANTS](#), for more information on the procedures to follow when a warrant is reported lost or stolen.

“Pulled” Warrants

Quality Assurance will “pull” a warrant for foster care maintenance cases after cutoff based on a phone call up until noon of the first working day of the month.

FIP and other income maintenance warrants are not “pulled” after cutoff except upon authorization from the Division of Field Operations Support. This authorization is granted only in emergencies or when it is established that policy was followed but due to administrative error or computer malfunction, an incorrect warrant is being issued.

SYSTEM FORMS

The following forms are either generated by ABC system processes or are used to communicate regarding system issues. See [6-Appendix](#) for sample forms and detailed instructions.

Family Composition, 470-0275

The ABC system generates the *Family Composition* form whenever a worker makes a referral to the Bureau of Refugee Services, the Division of Vocational Rehabilitation Services in the Department of Education, or the service unit. The form is sent to the other agency or unit at the time of original referral entry and under designated circumstances.

Lost Form Request, 470-0272

When certain system-generated forms are not received or are received and misplaced, it is possible to obtain replacements. A replacement document has the sequence number of the last document.

Use form 470-0272, *Lost Form Request*, to request replacement forms from the MMIS Medically Needy subsystem. If screens LF01 and IEV2 are not available, you can also use this form to request forms from:

- ◆ The Income and Eligibility Verification System (IEVS).
- ◆ The ABC system.

Medicaid Review, 470-3118 or 470-3118(S)

The ABC system generates form 470-3118 or 470-3118(S), *Medicaid Review*, for review or recertification of SSI-related Medicaid, Medically Needy with zero spenddown, or State Supplementary Assistance. The forms are system-generated on cases in designated aid types that have reviews due the following month.

The forms are mailed the day following timely notice and have a due date of ten days after the mailing date. The ABC system displays code “S” in the ADULT MED SENT field on the BH01 screen to indicate that a form was sent. The system automatically removes the “S” code after timely notice the following month (the month the review was due.)

You may also prompt the system to issue the form or issue it manually. The form contains instructions for completion and informs clients of their rights and responsibilities.

Notice of Automatic Computer Action or Posting, 470-0273

The ABC system sometimes generates form 470-0273, *Notice of Automatic Computer Action or Posting*, when the system modifies case information or processing without an entry from the worker. Retention information is printed on the bottom of the form. The form may have child support or Food Assistance information.

Notice of Cancellation, 470-0500 or 470-0500(S)

The ABC system generates form 470-0500 or 470-0500(S), *Notice of Cancellation*, to cancel FIP or FMAP-related Medicaid cases when system entries indicate that a report was not received timely. The system-generated version is a laser-printed document completed from the ABC database. A manual version, form 470-1968, is also available.

Notice of Decision, 470-0485 or 470-0485(S)

The ABC system generates form 470-0485 or 470-0485(S), *Notice of Decision*, to approve, deny, change, cancel, or reinstate assistance. The system-generated version is a laser-printed document completed from the ABC database. The completed form contains the heading and title, address, notice language, and appeal rights. See [AUTOMATED NOTICES](#) for more information about how the notice is generated and its contents.

Quality Assurance Transmittal, 470-0271

Form 470-0271 is used to request the Quality Assurance Unit of the Division of Data Management to cancel a warrant, issue a one-time payment, or cross-reference a state identification number.

Review/Recertification Eligibility Document, 470-2881 or 470-2881(S)

The ABC system generates form 470-2881 or 470-2881(S), *Review/Recertification Eligibility Document* (RRED), for use as:

- ◆ An application for subsequent certification for Food Assistance, and
- ◆ The review document for participants of FIP, Refugee Cash Assistance, and FMAP-related Medicaid.

You may also prompt the system to issue the form or issue it manually. The form contains instructions for completion and informs clients of their rights and responsibilities.

Transitional Medicaid Notice of Decision/Quarterly Income Report, 470-2663 or 470-2663(S)

The ABC system generates form 470-2663 or 470-2663(S), *Transitional Medicaid Notice of Decision/Quarterly Income Report*, for use by transitional Medicaid participants to report, eligibility factors required to be reviewed on a quarterly basis. It also transmits the appropriate message regarding the participant's continued transitional Medicaid eligibility.

The form is generated after ABC cutoff for all active transitional Medicaid cases in the third, sixth, and ninth months of transitional Medicaid benefits.

The system can also issue the form at other times in the month when entries are made to request an out-of-cycle issuance. This may be done only in the fourth, seventh, and tenth months of transitional Medicaid benefits and only for the current reporting period.

SYSTEM-GENERATED REPORTS

The ABC system regularly generates computer printouts. If you receive a report that belongs to another county, **do not throw it away**. Forward it to that county.

The program name abbreviations are the same on all the reports:

- ◆ CCA Child Care Assistance
- ◆ FS Food Assistance
- ◆ FIP Family Investment Program
- ◆ FCA Foster care or subsidized adoption
- ◆ FAC Facility, State Supplementary Assistance, Waiver
- ◆ MED Medicaid
- ◆ MEPD Premium reviews

Explanation of the reports is divided into three groups:

- ◆ [Caseload management reports](#)
- ◆ [Food Assistance reports](#)
- ◆ [Other reports](#)

Caseload Management Reports

The system generates the following reports for use by workers, supervisors, and administrators.

S470C398-A, CCA Warrant Report

The monthly Child Care Assistance *CCA Warrant Report*, S470C398-A, identifies state child care payments issued for the current month and the previous month. The report runs on the last working day of the month and includes only Food Assistance, FIP, and Medicaid cases that have a recertification or review due in the next month.

Use this report when processing recertifications and revisions. The report contains: the report month and year, supervisor's number (e.g. CMA0), county number, worker number (e.g. CMA1), case number, case name, CCA payee state identification number, warrant amount, and mailing date. Consider the benefit amounts on this report as verified income.

REPORT ID: S470C398 - A

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE: ZZZ,ZZZ9

CCA WARRANT REPORT

ABC REPORT MONTH XXXXXXXXXX, 9999

DATE: 99/99/9999

THIS PRINTOUT CONTAINS A LIST OF STATE CCA WARRANTS MAILED DURING THE PAST 2 CALENDAR MONTHS.

THIS LIST IS BEING PROVIDED TO ASSIST THE IM WORKER RESPONSIBLE FOR THE INDIVIDUAL'S CASE, AND

FOR THE SUPERVISOR FOR CASE READING PURPOSES, TO ASSURE STATE CCA WARRANT INCOME IS CONSIDERED.

SUPERVISOR: XXX COUNTY: XX WORKER: XXXX

CASE NUMBER	CASE NAME	CCA PAYEE STATE ID	AMOUNT	MAILED DATE
-----	-----	-----	-----	-----
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999
XXXXXX-XX-X-X	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	ZZZ,ZZ9.99	99/99/9999

S470C607-A, Review/Recertification Due

The "607 report" is a monthly list of recertifications and reviews required on active or suspended programs in the next two calendar months after ABC cutoff. Cases automatically canceled at ABC cutoff due to expiration of a Medically Needy certification period are listed at the end of each report.

Recertifications and reviews for program reinstatements after ABC cutoff are not included, so these must be handled manually. MEPD reviews also are not listed.

This report can be used for:

- ◆ Scheduling of reviews.
- ◆ Local office mailing of facility, foster care, or subsidized adoption review documents. (*Review/Recertification Eligibility Documents* and *Medicaid Reviews* are mailed automatically from central office just before the month in which the recertification or review is due.)
- ◆ Selecting Medically Needy cases for transfer to closed record filing, as determined by the local office.

The printed report is issued only to the worker. Keep only the most current copy. An electronic microfiche copy is centrally located in the Division of Data Management.

The data on the report are, from left to right, below the heading: aid type, case last name above case number, case first name above phone number, case middle initial, address line 1, payee (for facility cases only), address line 2, city, state abbreviation, five-digit zip code, and program review information.

Program review information includes a program name abbreviation, the corresponding active or suspended program status code, the month in which the recertification or review is due, and a “current” or “next” month designation for the action that is due.

“Current” and “next” refer to the system months immediately after ABC cutoff. For Medically Needy certification cases, the designation in the status column is “expired.”

S470C607-A, Report 617 MEPD Premium Reviews

The “617 report” is a monthly list of active cases with a review due for MEPD. Cases canceled as of ABC cutoff do not appear on the list and must be manually handled.

The data on the report are from left to right, below the heading: aid type, case last name above case number, case first name above phone number, case middle initial, address line 1, payee (if applicable), address line 2, city, state abbreviation, five-digit zip code and program review information.

The program review information includes a program name abbreviation, the corresponding active or suspended program status code, the monthly reporting code, the last month of the annual premium period, and a “current” or “next” month designation for the action that is due.

“Current” and “next” refer to the last month of a premium period. Cases needing review for MEPD appear as “current” on the list after cutoff of the eleventh month of the current premium period.

In order for correct premium information to be on the billing system and a correct billing statement to be mailed, MEPD reviews must be completed and the new premium amount entered on the system by cutoff of the twelfth month of the current premium period.

When entering the new premium period on TD05, be certain to begin the new premium period (LAST REV on TD05) with the month following the month listed as “current.” Add eleven months to determine the last month of the new premium period (enter in NEXT REV on TD05).

S470C608, Monthly Eligibility Case List

The “608 report” is a monthly list of all ABC cases with any active, pending or suspended programs as of the end of the calendar month.

The data on the report are, from left to right below the heading: case last name, case first name, case middle initial, case number, aid type and program information. This program information includes a program name abbreviation, and the corresponding active, pending or suspended program status code. When a program status is pended, application dates are printed under “Pending Since.”

Health coverage code data are printed for facility cases when the code indicates private health insurance. The remaining individual data, printed for people who are active, pending, or suspended in at least one program, are:

- ◆ Client participation
- ◆ Health coverage code
- ◆ State ID number
- ◆ The first name
- ◆ The last name
- ◆ The five individual program status codes:
 - “F” for Food Assistance
 - “A” for FIP or Refugee Cash Assistance
 - “M” for Medicaid
 - “FA” for facility
 - “FC” for foster care or subsidized adoption

For people enrolled for alternate delivery of Medicaid, the applicable provider code is listed under “HMO.”

The hard copy report is issued only to the caseworker. Keep only the most current copy. A microfiche copy is filed in the Quality Assurance Unit of the Division of Data Management.

Example of report 470C608:

470C608	IOWA DEPARTMENT OF HUMAN SERVICES										RUN DATE	MM/DD/YY					
REPORT 608	MONTHLY ELIGIBILITY CASE LIST FOR										PAGE	1 OF COUNTY XX					
	COUNTY OF										PAGE	1 OF WORKER XXXX					
											PAGE	2					
CASE NAME	CASE NUMBER	AID TYPE	CTL C/O	PROGRAM ST	OVER DUE	PENDING SINCE	CP	HLTH COVG	INDIVIDUAL STATE ID	FIRST	LAST	F	A	M	FA	FC	HMO
XXXX XXXXXXXX	XXXXX-XX-X	X XX-X	XX X				X	XXXX XXXXXXXX	XXXXX	XXXX	XX	X	X	X	XX	XX	XXX
FOOD STAMP: XXX.XX WARRANTS M & N: XXX.XX WARRANTS Z: XXXX.XX																	

470C609, Monthly Eligibility Management Report

The “609 report” is a comprehensive monthly summary of work completed in the last month and caseload demographics for the coming month. The report is produced at the end of each calendar month for caseworkers, units, offices, counties, and the state.

The letter which follows “470C609” indicates the content and distribution: “A” for worker, “B” for unit, “C” for office, “D” for county and state. A copy of the “D” report is sent to the service area for each county. Keep only the most current copy. A microfiche copy is filed in the Division of Data Management’s Unit of Quality Assurance.

The report is divided to include both unduplicated and duplicated case counts.

- ◆ In the unduplicated part, a case counts in only one program category according to the hierarchy of the programs, in order from left to right.
- ◆ In the duplicated part, a case counts in each applicable program category.
- ◆ Medicaid that accompanies FIP, facility, foster care, or subsidized adoption eligibility is not counted in either part.

Example of report 470C609:

470-C609-A-D	IOWA DEPARTMENT OF HUMAN SERVICES					RUN DATE	XX/XX/XX
REPORT 609	MONTHLY ELIGIBILITY MANAGEMENT REPORT FOR XXXXX					PAGE	1
XXXXX	COUNTY AREA OFFICE	COUNTY OF				COUNTY/WKR	/XXXX SERVICE AREA X
*****UNDUPLICATED*****					*****DUPLICATED (EXCLUDING MEDICAL) **		
	TOTAL	FIP	FACILITY	FOSTER CARE	MEDICAL	FOOD STAMP*	FIP FACILITY FOSTER CARE MEDICAL FOOD STAMP
CASE INFORMATION							*
TOTAL CASES							*
FIP							*
FIP, RRP							*
FIP-UP							*
FIP-UP, RRP							*
FIP MEDICAL							*
FIP, RRP MEDICAL							*
FIP-UP MEDICAL							*
FIP-UP, RRP MED							*
RRP							*
SSI							*
ICF, RECEIVE SSI							*
ICF, SSI IF HOME							*
ICF, 300% GROUP							*
MHI							*
RCF							*
MEDICALLY NEEDY							*
IHHRC							*
SNF							*
HOSPITAL							*
FOOD STAMP (09)							*
QMB							*
MAC							*
MAC, RRP							*
IowaCare							*
MIYA							*
Kids with Special Needs							*
OTHER							*
PENDING CASES							*
TOTAL CASES							*
ACTIVE FOOD STAMP							*
ACTIVE MEDICAL							*
SUSPENDED CASES							*
WORK DUE							*
RV/RC DUE THIS MO							*
RV/RC OVERDUE							*
WORK DONE LAST MONTH							*
RV/RC COMPLETED							*
APPLICATIONS							*
APPROVALS							*
REINSTATEMENTS							*
REOPENS							*
DENIALS							*
NON-RRED CANCELS							*
RRED CANCELS							*
EXPIRATION OF CERT							*

Columns and Rows

The column headings refer to ABC program line data, as follows:

- ◆ FIP data are from the FIP section on TD02.
- ◆ Facility data are from facility fields on TD05.
- ◆ Food Assistance data are from the Food Assistance section on TD02.
- ◆ Foster care data are from TD04.
- ◆ Medical data are from TD05 medical data on Medicaid not received in conjunction with FIP, facility, foster care, or subsidized adoption eligibility.

The rows under “Case Information” total the active cases according to aid type.

The aid types included each subheading are:

FIP	30-0, 30-2, 30-4, 32-8
FIP, RRP	31-0, 31-4
FIP-UP	33-8, 35-0
FIP-UP, RRP	31-5
FIP Medical	30-M, 30-8, 34-1, 37-A, 37-0, 37-1, 37-2, 37-3, 37-7, 38-0, 39-0
FIP, RRP Medical	31-A, 31-C, 31-1, 31-2, 31-6, 31-7, 37-4, 38-1
FIP-UP Medical	34-2, 35-8, 37-B, 37-5
FIP-UP, RRP Med	31-B, 31-D, 31-8, 31-9
RRP	06-0, 06-1, 06-2, 06-3
SSI	10-M, 10-0, 14-0, 14-2, 14-3, 14-4, 14-6, 20-M, 20-0, 24-2, 24-3, 24-4, 24-5, 24-6, 50-0, 54-6, 60-M, 60-0, 64-0, 64-2, 64-3, 64-4, 64-6
ICF, receive SSI	13-1, 23-1, 53-1, 63-1, 63-3, 63-8
ICF, SSI if home	13-0, 23-0, 53-0, 63-0, 63-2, 63-7
ICF, 300% group	13-6, 23-6, 63-6, 73-2, 73-3
MHI	13-7, 13-8, 37-7, 73-5
RCF	13-4, 13-5, 23-4, 23-5, 53-4, 53-5, 63-4, 63-5
Medically Needy	37-E, 37-F
IHHRC	14-1, 24-1, 64-1
SNF	73-1
Hospital	73-4

Food Assistance	09-0, 09-1
QMB	90-0, 90-1, 90-2
MAC	92-0
MAC, RRP	91-0
Iowa Cares	60-E, 60-P
MIYA	37-6
Kids with Special Needs	64-7

The rows under “Pending Cases” show the number of cases with programs in pended status within the column program categories and then list the numbers of those cases also active for Food Assistance or Medicaid.

The “Suspended Cases” row shows the numbers of suspended cases in the column program categories.

The “Work Due” rows show the numbers of cases with next review dates (where DHS reviews are required by policy) and Food Assistance END CERT dates equal to the new current month and reviews overdue from the last months.

The “Work Done Last Month” rows show the number of cases according to certain criteria. All completed application, reinstatement, and review or recertification activity is counted.

Other activity is counted according to the priority reflected by the descending number order of the rows.

When the priority condition is met, a case is included in this row:		if:
1.	RV/RC completed	A new last review or Food Assistance certification was entered when the program action was not an approval or reopening.
2.	Applications	A program was pended, approved or denied
3.	Approvals	A program application was approved.

SYSTEM-GENERATED REPORTS**Caseload Management Reports**

Revised February 6, 2009

Iowa Department of Human Services

Title 14 Management Information**Chapter B** Automated Benefit Calculation System

When the priority condition is met,
a case is included in this row:

if:

- | | | |
|----|--------------------|--|
| 4. | Reinstatements | Entry reasons B or D were used to reinstate a program. |
| 5. | Reopens | A program was reopened with entry reason C and status C. |
| 6. | Denials | A program was denied due to worker entry or for failure to file a complete report form. |
| 7. | Non-RRED cancels | A program was canceled, sanctioned, or suspended and the reason code was not 086, 087, 113, 114, or 115. |
| 8. | RRED cancels | A program was canceled and the reason code was 113, 114, or 115. |
| 9. | Expiration of cert | A program was canceled and the reason code was 086, 087, or 089. |

For other case counts, a case is
included in this row:

if:

- | | |
|-----------------|---|
| Stepparent | FIP is active on TD02, and any person on the program has an individual status code H. |
| Farmers on FS | Food Assistance is active on TD02 and the FSI code is 1. |
| Elderly/Dsld FS | Food Assistance is active on TD02 and the FST code is N. |
| Income | Any active, pended, suspended, or considered person has BCW income. |

Cases are counted for the types of income listed in the rows below the "Income" row when BCW coding corresponds to the type of income described.